



# Hudson

## EMPLOYEE REQUEST FOR EXCUSED MEDICAL LEAVE

**PART A** – To be completed by the employee:

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print) (of cancer screening)

Current Position \_\_\_\_\_

Directions:

1. Submit your leave request through Wincap Web in the same manner you would for sick leave time. Please select ½ a day (and indicate am or pm).
2. Complete Part A of the Employee Request for Excused Medical Leave form and have your physician complete Part B.
3. Sign the bottom portion of this form after your screening, and return the form to the Superintendent's Office prior to the end of the pay period after you completed your cancer screening.

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**Part B** – To be completed by the employee's physician:

\_\_\_\_\_ was seen on \_\_\_\_\_  
Employee name (print) Date (mm/dd/yy)

at \_\_\_\_\_ o'clock by \_\_\_\_\_  
(time of apt) Physician name and Medical Facility (print)

\_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Employee Signature Date submitted